



Third Party Limited Authorization Form

Questions?

800.552.7583 or SolutionsCenter@ameren.com

Return form via email to SolutionsCenter@ameren.com
or fax to 866.297.8054.
Please allow 1-2 business days
for request completion.

By signing the below, I authorize Ameren Missouri to accept a request from the identified Third Party to start or stop service on my account at the identified address(es) below.

Identified 3rd Party Individual or Company Name:	
Service Address to Start Service:	
Service Address to Stop Service:	
Mailing Address (If Different):	

Choose Applicable Option:

Service Start Date:	Service Stop Date:
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Check the box if you would like:

Budget Billing? <input type="checkbox"/>	Paperless Billing? <input type="checkbox"/>	Alert Notifications? Send As Text? <input type="checkbox"/>	Email? <input type="checkbox"/>	Both? <input type="checkbox"/>
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Primary Customer Information

Full Name:	Last 4 of SSN*:
Phone No:	Alt Phone No:
Email Address:	

**NOTE* If you are a new Ameren customer, we will contact you to obtain your full SSN for account setup; for faster service, please call 800.552.7583 to provide this required information.*

Secondary Customer Information (If Applicable)

Full Name:	Last 4 of SSN:
Phone No:	Alt Phone No:
Email Address:	

Account Authorized Contact (If Applicable)

By adding this person as an "Authorized Contact" to your account, you acknowledge that you are authorizing Ameren Missouri to provide this person full access to your account, which includes providing all billing and payment information, transferring service to a different premise, and termination of service on your account.

Full Name:	Phone No:
Address:	Email Address:

Customer Signature:	Date:
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